

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Donal</i>	<i>12</i>	<i>68-16-01</i>
O.I.P.E. CLASSIFIER			<i>8-16-01</i>
FORMALITY REVIEW	AH	917	<i>04-21-01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ _____ Rejected
✓ _____ Allowed
- (Through numeral) _____ Canceled
+ _____ Restricted
N _____ Non-elected
I _____ Interference
A _____ Appeal
O _____ Objected

Claim	Date
1	✓
2	✓
3	✓
4	✓
5	✓
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50	✓

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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